

PRIVACY IMPACT ASSESSMENT (PIA)

For the

T-System EV® Emergency Department Information System

US Army Medical Command - Defense Health Program (DHP) Funded System

SECTION 1: IS A PIA REQUIRED?

| a. Will this Department of Defense (DoD) information system or electronic collection of information (referred to as an "electronic collection" for the purpose of this form) collect, maintain, use, and/or disseminate PII about members of the public, Federal personnel, | |
|---|----|
| contractors or foreign nationals employed at U.S. military facilities internationally? Choose option from the choices below. (Choose (3) for foreign nationals). | se |
| (1) Yes, from members of the general public. | |

| | (1) | Yes, | from | mem | bers | of the | general | public. |
|--|-----|------|------|-----|------|--------|---------|---------|
|--|-----|------|------|-----|------|--------|---------|---------|

| | (2) | Yes. | from | Federal | personnel* | and/or | Federal | contractors. |
|--|-----|------|------|---------|------------|--------|---------|--------------|
|--|-----|------|------|---------|------------|--------|---------|--------------|

- (4) No

- b. If "No," ensure that DITPR or the authoritative database that updates DITPR is annotated for the reason(s) why a PIA is not required. If the DoD information system or electronic collection is not in DITPR, ensure that the reason(s) are recorded in appropriate documentation.
- c. If "Yes," then a PIA is required. Proceed to Section 2.

Page 1 of 16 DD FORM 2930 NOV 2008

^{* &}quot;Federal personnel" are referred to in the DoD IT Portfolio Repository (DITPR) as "Federal employees."

SECTION 2: PIA SUMMARY INFORMATION

| a. | . Why is this PIA being created or updated? Choose one: | | | | | |
|----|---|-------------------------------------|--|----------|----------------------|---|
| | | New DoD Information | tion System | | New Electron | nic Collection |
| | \boxtimes | Existing DoD Info | rmation System | | Existing Elec | tronic Collection |
| | | Significantly Modi | ified DoD Informatio | n | | |
| | | s DoD informatio Network (SIPRNE | | d in t | he DITPR or the | e DoD Secret Internet Protocol |
| | | Yes, DITPR | Enter DITPR Syster | n Iden | itification Number | |
| | | Yes, SIPRNET | Enter SIPRNET Ider | ntificat | tion Number | |
| | \boxtimes | No | | | | |
| | | | ation system have Management and | | | ique Project Identifier (UPI), required lar A-11? |
| | If "Ye | es," enter UPI | | | | |
| | | | . consult the Componer | nt IT B | udget Point of Cont | tact to obtain the UPI. |
| | | this DoD informa Notice (SORN)? | | ctror | nic collection re | quire a Privacy Act System of |
| | or law | | sidents that is <u>retrieved</u> b | | | n contains information about U.S. citizens entifier. PIA and Privacy Act SORN |
| | \boxtimes | Yes | | No | | |
| | lf "Y€ | es," enter Privacy A | Act SORN Identifier | | A0040-66b DASG | |
| | | Consult the Compo | assigned designator, no onent Privacy Office for cy Act SORNs at: http | r addit | ional information or | |
| | | or | | | | |
| | Date (| | approval to Defense omponent Privacy Office | | | |

DD FORM 2930 NOV 2008 Page 2 of 16

| | this DoD information system or electronic collection have an OMB Control Number? ne Component Information Management Control Officer or DoD Clearance Officer for this information. | |
|--|--|----------|
| | nis number indicates OMB approval to collect data from 10 or more members of the public in a 12-month per gardless of form or format. | iod |
| | Yes | |
| | Enter OMB Control Number | |
| | Enter Expiration Date | |
| \boxtimes | No | |
| f. Author | rity to collect information. A Federal law, Executive Order of the President (EO), or Dol nent must authorize the collection and maintenance of a system of records. |) |
| |) If this system has a Privacy Act SORN, the authorities in this PIA and the existing Privacy Act ORN should be the same. | |
| | Cite the authority for this DoD information system or electronic collection to collect, use, maintaind/or disseminate PII. (If multiple authorities are cited, provide all that apply.) | n |
| the | (a) Whenever possible, cite the specific provisions of the statute and/or EO that authorizes be operation of the system and the collection of PII. | |
| | (b) If a specific statute or EO does not exist, determine if an indirect statutory authority can e cited. An indirect authority may be cited if the authority requires the operation or administration of program, the execution of which will require the collection and maintenance of a system of records | |
| | (c) DoD Components can use their general statutory grants of authority ("internal busekeeping") as the primary authority. The requirement, directive, or instruction implementing the atute within the DoD Component should be identified. | ; |
| Su 11 Tri CH Th Tro Re | 0 U.S.C 3013, Secretary of the Army; 10 U.S.C 1071-1085, Medical and Dental Care; 50 U.S.C. supplement IV, Appendix 454, as amended, Persons liable for Training and Service; 42 U.S.C Chapter 17 Sections 11131-11152, Reporting of Information; 10 U.S.C 1097a and 1097b, Tricare Prime and ricare Program; 10 U.S.C 1079, Contracts for Medical Care for Spouses and Children; 10 U.S.C 1079a HAMPUS; 10 U.S.C 1086, Contracts for Health Benefits for Certain Members, Former Members, and heir Dependents; E.O. 9397 (SSN); DoD Instruction 6015.23, Delivery of Healthcare at Military reatment Facilities (MTFs); DoD Directive 6040.37, Confidentiality of Medical Quality Assurance (QA) tecords; DoD 6010.8-R, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); rmy Regulation 40-66, Medical Record Administration and Health Care Documentation. | , |

- g. Summary of DoD information system or electronic collection. Answers to these questions should be consistent with security guidelines for release of information to the public.
 - (1) Describe the purpose of this DoD information system or electronic collection and briefly describe the types of personal information about individuals collected in the system.

| T-System EV® is a commercial comprehensive point-of-care emergency department information system |
|--|
| (EDIS) that both improves workflow and reduces errors. This system captures critical information and |
| provides real-time access to information throughout the entire Emergency Department. The system includes |
| a data repository database (T-Data) that stores the same information as the T-System EV® database. It is |
| used for reporting purposes. Unless absolutely necessary, PII is excluded from all reports. |
| |

The types of PII collected in this system include patient demographics and medical information.

(2) Briefly describe the privacy risks associated with the PII collected and how these risks are addressed to safeguard privacy.

The privacy risks associated with the PII collected are unauthorized access, inaccurate information entered into the system, and unauthorized disclosure of PII. Security safeguards are in place to mitigate these risks. The system is used mainly by users within the emergency room which is behind secured doors and access to the application is controlled by a user name and password. Access to computer systems is also Common Access Card (CAC) enabled. The system is connected to the Tripler Army Medical Center (TAMC) network within its security stack and complies with TAMC Information Assurance policies. Reports with PII are only printed when necessary and handed directly to patients, sent via encrypted e-mail or disposed of in accordance with security policies. Users receive Health Insurance Portability and Accountability Act (HIPAA) and Information Assurance (IA) training on an annual basis.

- h. With whom will the PII be shared through data exchange, both within your DoD Component and outside your Component (e.g., other DoD Components, Federal Agencies)? Indicate all that apply.
 - **⋈** Within the DoD Component.

Specify.

PII is shared with health care personnel within the Army medical treatment facility using this system. Each patient's clinical record is exported to be included in the Armed Forces Health Longitudinal Technology Application (ALHTA) for viewing by the patient's primary care physician.

Other DoD Components.

Specify. Makalapa Naval Clinic

Other Federal Agencies.

Specify.

US Department of Veterans Affairs (VA). Each patient's clinical record is exported to a VA server for it to be searched for VA qualified patients and eventually included in the VA Janus system for viewing by the patient's primary care physician.

State and Local Agencies.

Reports sent to State of Hawaii Department of Health (DoH) for required

| | | Specify. | reporting purposes. All information sent to State of Hawaii DoH is de- identified as required by their reporting standards. |
|----|-----------------------------|---|--|
| | \boxtimes | Contractor | (Enter name and describe the language in the contract that safeguards PII.) |
| | | Specify. | The T-SystemEV® (contracting company) - Language in contract: "The contractor and its employees shall become familiar with and adhere to the provisions of the Privacy Act and HIPAA. The contractor shall keep in the strictest confidence any information obtained during the performance of work at project sites or furnished by the Government, such information being the sole property of the Government." |
| | | Other (e.g., | commercial providers, colleges). |
| | | Specify. | |
| i. | Do | individuals | have the opportunity to object to the collection of their PII? |
| | \boxtimes | Yes | ☐ No |
| | | (1) If "Yes," | describe method by which individuals can object to the collection of PII. |
| | pati info peri hea | ent for review rmation made manent part o lth care may r | efense (DD) Form 2005, Privacy Act Statement – Health Care Records, is provided to the and signature. This all inclusive Privacy Act Statement applies to all requests for personal by care treatment personnel for medical/dental treatment purposes and will become a fithe health care record. If the requested information is not furnished, comprehensive not be possible, but care is not denied. |
| | | | |
| j. | Do iı | ndividuals h | ave the opportunity to consent to the specific uses of their PII? |
| | \boxtimes | Yes | □ No |
| | | (1) If "Yes," | describe the method by which individuals can give or withhold their consent. |
| | pati info perr | ent for review rmation made nanent part o | efense (DD) Form 2005, Privacy Act Statement – Health Care Records, is provided to the and signature. This all inclusive Privacy Act Statement applies to all requests for personal by care treatment personnel for medical/dental treatment purposes and will become a f the health care record. If the individual withholds consent to specific uses of their PII, ealth care may not be possible, but care is not denied. |

| (| (2) If " | No," state the reason why | individuals car | nnot give or withhold the | eir consent. |
|--------------------------|----------|--|--|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| k. What apply. | infor | mation is provided to an | individual wh | en asked to provide P | Il data? Indicate all that |
| appiy. | Priva | cy Act Statement | | Privacy Advisory | |
| \boxtimes | Other | г | | None | |
| each appi form | icable | (SSN) Sections 133, 1071-87, 3012 2. PRINCIPAL PURPOSES This form provides you the a facilitate and document your required to identify and retrice 3. ROUTINE USES The primary use of this infor- enactment of the Privacy Ac- disease control programs ar agencies; compile statistical service or assignments; adju- law enforcement and litigation professional certification and agencies of federal, state, of 4. WHETHER DISCLOSURI NOT PROVIDING INFORMA In the case of military person | 2, 5031 and 801: FOR WHICH IN advice required by health care. The eve health care remation is to prove the conduct reducate claims are possible and report medical data; conduct reducate claims are possible and conduct authors in conduct authors in the requested informed the care may not statement will a conduct care record. The possible of the care record. | 2, title 10, United States C FORMATION IS INTENDED by The Privacy Act of 1974 e Social Security Number records. Index plan and coordinate in uses are to: Aid in prever Il conditions required by lates are to: Aid in prever il conditions required by lates are to: Aid in prever il conditions required by lates are to: Aid in prever il conditions required by lates are to: Aid in prever in determine benefits; other in the purice of the provide physical quantity of the purice of the provide physical quantity of the provide physical quantity of the possible, but CARE apply to all requests for perial/dental treatment purpose | t. The personal information will (SSN) of member or sponsor is nealth care. As prior to native health and communicable w to federal, state and local suitability of persons for er lawful purposes, including uate care rendered; determine ualifications of patients to rsuit of their official duties. DEFFECT ON INDIVIDUAL OF ory because of the need to benefits. In the case of all other requested information is not WILL NOT BE DENIED. |

DD FORM 2930 NOV 2008 Page 6 of 16

NOTE:

Sections 1 and 2 above are to be posted to the Component's Web site. Posting of these Sections indicates that the PIA has been reviewed to ensure that appropriate safeguards are in place to protect privacy.

A Component may restrict the publication of Sections 1 and/or 2 if they contain information that would reveal sensitive information or raise security concerns.

DD FORM 2930 NOV 2008 Page 7 of 16